

Board of Directors (Public)

Item 7.3a

Board Report

Subject: Operational Board – Meeting held on 20th November 2015
Date of meeting: 24th November 2015
Prepared by: Lucy Lavan, Associate Director of Corporate Affairs
Presented by: Jane Tomkinson, Chief Executive

BAF Ref	Impact on BAF Risk Rating
1-8	None

1. Executive Summary

This paper summarises the key items of business considered at the meeting of the Operational Board held on 20th November 2015.

The Board is asked to note the content of the report and to consider and monitor the effectiveness of the Operational Board in holding to account for the delivery of the Trust's objectives.

2. Meeting held on 20th November 2015 – Key Issues

i) HALT Process

The Director of Nursing & Quality (DNQ) provided an overview of the HALT process used at Whiston Hospital and the range of initiatives in place at LHCH to enable safety concerns to be escalated. The Operational Board confirmed support for use of HALT as a promotional tool to further support a culture of speaking out and 'stopping the line' when any member of staff has a concern about patient safety and to raise awareness and embed a culture and understanding of human factors. The Associate Medical Directors agreed to champion the launch and use of the HALT tool.

ii) Critical Care Medical Staffing

The Associate Medical Director (AMD) for Clinical Services updated on the requirements of the national service specification for medical cover on critical care and the additional resources needed to comply with the standards. He also highlighted current operational pressures arising from increased numbers and acuity of patients on critical care, in addition to an increase in planned weekend working. Proposals to split the intensivist and general anaesthesia rota were discussed along with implications of this in relation to a more onerous rota for general

anaesthetists. An options appraisal was presented highlighting an urgent need to expand the consultant pool and provide more trainee cover and / or advanced nurse practitioners. A case will be developed and in the interim, agreement of a rota for extra work amongst existing medical staff will be pursued to ensure continuation of safe staffing.

The need for a longer term solution for safety of staff and patients was noted as the arduous rota in place is not sustainable in the long term. Continuation of additional payments for weekends was supported on condition that there is formal commitment from individuals to fulfil the weekend sessions.

Adverts will progress for the additional posts already approved as part of the investment in the current year's financial plan.

A fully costed 2-3 year trajectory is to be developed by the Division to inform the planning round.

A standardised policy for additional payments to consultants is to be agreed for use throughout the hospital. This work will be led by the Medical Director.

iii) Care Quality Commission (CQC)

The DNQ fed back the high level findings of the mock CQC inspection undertaken at the end of October 2015. Individual ward / departmental reports are being prepared. A repeat mock inspection process has been scheduled for Jan/Feb 2016 prior to the official CQC inspection which will take place in April 2016.

The updated CQC inspection plan was noted.

iv) Risk Register

All high scoring risks on the risk register were reviewed.

The Operational Board received an exception report from the Risk Management and Corporate Governance Committee, noting assurances in relation to the operation of risk management processes, testing of the pandemic flu plan and actions to ensure effective governance to support EPR adoption and optimisation.

v) Deanery Visit

Dr Russell attended to report on the outcome of the recent Deanery visit and present a report on the impact of national policy resulting in a reduction of F2 doctors in training from August 2016. Local and overseas recruitment initiatives are underway to recruit Tier 1 medical staff and alternative workforce including Advanced Nurse Practitioners (ANPs) who can prescribe with additional pharmacy support. The timeframe for training ANPs will involve some dual running costs up until August 2017. Further cost pressures are likely as a result of loss of Deanery future funding for doctors in training. Focus on retention will be important including consideration of career development pathway.

It was noted that education and training support for Tier 1 doctors is improving with positive feedback in relation to changes made in surgery with further work to do in cardiology.

It was agreed that the financial implications, recurrently and non-recurrently with sensitivity analysis around the possible future scenarios for Tier 1 numbers is to be compiled.

vi) Performance

Finance:

The Deputy Chief Finance Officer (CFO) provided an overview of the financial performance at Month 7 and forecast outturn. The Chief Executive noted changes to the external landscape, regulation and national policy (including enforcement of contract penalties) and the need for budget managers to respond with urgency to the CEO's letter on financial control. Avoidance of regulatory intervention being imperative through improved financial governance and productivity from Month 8 onwards.

vii) Divisional Reports

The Chief Operating Officer (COO) presented the performance overview at Month 7, highlighting exceptions including financial margin, bank and agency spend, appraisal compliance and impact of current operational pressures.

The Divisional teams each presented a comprehensive report on access, quality, finance, activity and workforce highlighting exceptions and action plans to mitigate risk. Forecast financial outturn positions were reported for each Division and operational updates were provided in relation to capacity and workforce planning for 2016/17.

Each Division's risk register was reviewed.

The need to ensure timely completion of mortality reviews and cascade of learning was highlighted.

It was noted that RTT specialty compliance and cancellations will be explored further in the Surgical Divisions review meeting along with a deep dive on finance and activity.

The Medical Division were asked to focus on VTE and falls plans for the forthcoming divisional review meeting.

It was noted that the deep dive service review Clinical Services Division had recently taken place.

The Divisions were asked to report on CQC readiness going forward. Future reports to be streamlined to focus on actions and exceptions.

viii) CIP Steering Group Report

The Operational Board noted the Trust-wide report on CIP delivery. It was noted that by December a high level plan for delivery of 3-4% CIP for 2016/17 is to be complete to enable quality impact assessments to be completed before the start of the new financial year.

ix) Strategic Planning 2016/17

It was noted that planning guidance is expected on 7th December 2015; planning work is progressing with progress monitored through the Divisional Heads meeting. There will be a greater focus on planning at the December Operational Board.

x) LiA Update

It was noted that good progress is being made with LiA schemes and an overview of improvement initiatives was provided. A 'pass it on' event will take place in December and 10 new improvement projects have been identified for commencement in the new year.

xi) Learning from Never Event

The Medical Director updated on progress with the investigation process. Immediate learning has involved the reinforcement of communication requirements through a formal operating procedure governing the checking of devices used in theatres.

xii) CEO's Briefing

The Operational Board received the written CEO's report that was prepared for the Board of Directors' November 2015 meeting.

Divisional contingency plans for junior doctor industrial action will be reviewed by the Executive Team on 25.11.15.

xiii) Organisational Learning

The first quarterly review of organisational learning was led by Mark Jackson with primary focus on the challenges and proposed approach to ensuring adequacy of dissemination of learning and follow up. Mike Shackloth presented a case study to demonstrate errors in communication and documentation from which lengthy complaints, investigative and coronial processes ensued. The importance of demonstrating learning from this case was emphasised. Communication processes in thoracic surgery have been improved as a result but assurances are needed to demonstrate learning in other areas. The Medical Director is developing a new process for which all members of the clinical team will be required to sign up. Clinical leads will be invited to attend future quarterly reviews of organisational learning.

3. Recommendation

The Board of Directors is asked to note the summary report of the meeting of the Operational Board held on 20th November 2015.